	(Blo			OR REIMBURS Intake Specialists an				
NAME OF SOLDIER (Last, First)		2. SOLDIER'S SSN		12. APPLICATION #		16. BOARD MEMBERS		
3. NAME OF APPLICANT (if not Soldier) (Last, First) 5. APPLICANT'S E-MAIL ADDRESS		4. RELATION TO SOLDIER			17. BOARD REMARK			
						KS	18. AMOUNT RECOMMENDED	19. AMOUNT DENIED
6. LINE NO.	expectation of reimbursement, as well as the net difference	8. DATE EXPENSE INCURRED (MM/DD/YYYY)	9. AMOUNT REQUESTED (Round to nearest whole dollar)					
10. GRAND TOTAL (Total of all USARAK Form B's, Block 11's in Application)		11. TOTAL of Block 9's on this page.		14. REMARKS			20. TOTAL AMOUNT RECOMMENDED	21. TOTAL AMOUNT DENIED
							\$	\$

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721 and EO 9397, November 1943 (SSN), and Secretary of the Army Memorandum authorizing Reimbursement of Certain Expenses, dated 27 October 2006.

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of applications for reimbursement.

ROUTINE USES:

- a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:
- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.
- b. Social Security Numbers are used to assure correct identification of applicant in order to assure payment to the proper applicant and avoid duplication of applications for reimbursement.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the application for reimbursement.